



GUIDE TO EXCAVATING CONTRACTORS REGISTRATION

Pursuant to Section 6-19 of the General Code of the City of Chelsea Ordinances, all excavating contractors must obtain registration annually before conducting any excavating activities in the City. Registration is valid from the issue date through the following April 30. The fee is \$100.00.

Complete this Application for Registration as instructed below.

1. Fill in all information requested on the Application. Fill in and sign the REAP Attestation. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. Obtain a Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing proof of legal authority to bind corporation.
3. If you are renewing a current registration, obtain a Continuation Certificate showing that your existing Bond remains in effect.
4. If your business has a City of Chelsea address, obtain a sign-off on the Certificate of Good Standing by the City Treasurer (City Hall, 500 Broadway, 617 889-8313), to confirm that all taxes, fines and fees have been paid, during the following hours: Mon., Wed., & Thu. 8:00AM–4:00PM, Tues. 8:00AM-7:00PM, Fri 8:00AM-12:00PM.
Please note that the Treasury requires five business days for processing.
5. Submit the application to the Department of Public Works (City Hall, 500 Broadway, Room 310, 617 889-8244). The Director of Public Works has up to ten days to sign off on the application, before the registration can be issued.

APPLICATION FOR EXCAVATING CONTRACTORS

Application Fee \$100.00

Date _____

FOR DPW USE ONLY

Date Recorded_____

Amount Paid

___ New Application

— Renewing Application with Additions or Changes

__Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Mailing Name (where we should send correspondence to):_____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): ☐ Individual ☐ Sole Proprietorship

☐ Corporation ☐ Association ☐ Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code:_____

IF A CORPORATION OR ASSOCIATION:

President's Name: _____

Address with Zip Code: _____

Secretary's Name: _____

Address with Zip Code: _____

Treasurer's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: _____

Address with Zip Code: _____

Partner 2's Name: _____

Address with Zip Code: _____

Attach a Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the City of Chelsea Department of Public Works, any applicable State and Federal laws, and any conditions prescribed by the City of Chelsea.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Chelsea: _____
3. Address of taxpayer/applicant's home in Chelsea: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____. _____

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ I am an employer with _____ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co.: _____ **policy #:** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co.: _____ **policy #:** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____ ☐ Building Department

☐ check if immediate response is required

contact person: _____ phone #: _____ ☐ Licensing Board

(revised Sept. 2003)

☐ Selectmen's Office

☐ Health Department

☐ Other _____

CERTIFICATE OF CORPORATE AUTHORITY

I, _____, Clerk of
Name of Clerk or Secretary

_____ hereby certify that,
Name of Corporation

at a meeting of the Board of Directors of said Corporation duly held on the _____ day of
Date

_____, _____, at which a quorum was present and voting throughout, the following
Month Year

vote was duly passed and is now in full force and effect:

VOTED: That _____ be and
Name of Officer authorized to sign for the Corporation

hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to

sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and

other obligations of the Corporation, the execution of any such contract, bond or obligation by

such _____ to be valid
Name of Officer authorized to sign for the Corporation

and binding upon this Corporation for all purposes. This vote remains in full force and effect, and

has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that _____
Name of Officer authorized to sign for the Corporation

is the duly elected _____ of said Corporation.
Title

Signed _____
Clerk or Secretary

Place of Business _____

Date _____

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned _____

Name & Title of Countersigning Officer _____

Municipal References

A. Municipality: _____

Contact Name: _____

Contact Telephone No.: (_____) _____

B. Municipality: _____

Contact Name: _____

Contact Telephone No.: (_____) _____

C. Municipality: _____

Contact Name: _____

Contact Telephone No.: (_____) _____